



PATENT

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT: Robert A. York
APPLICATION NO.: 10/765,578
FILING DATE: January 26, 2004
TITLE: Voltage-Variable Capacitor with Increased Current
Conducting Perimeter
EXAMINER: Junghwa M. Im
GROUP ART UNIT: 2811
ATTY. DKT. NO.: 22994-08791

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: DEC. 29, 2005

By: Michael W. Farn
Michael W. Farn, Reg. No. 41,015

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NOTICE OF APPEAL

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner, mailed June 30, 2005, finally rejecting claims 1-23.

Pursuant to 37 CFR § 1.17(e), enclosed is payment in the amount of \$730 for the filing of the Notice of Appeal and a three-month extension of time to respond.

Respectfully submitted,

Dated: DEC. 29, 2005

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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/765,578	
	Filing Date	January 26, 2004	
	First Named Inventor	Robert A. York	
	Group Art Unit Number	2811	
	Examiner Name	Junghwa M. Im	
Total Number of Pages in This Submission	4	Attorney Docket Number	22994-08791

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: ___ Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Notice of Appeal _____ _____ _____ _____ _____ _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015	Dated:	December 29, 2005

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Typed or Printed Name:	Michael W. Farn	Dated:	December 29, 2005
Express Mail Mailing Number (optional):			

